

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **137a**
Registered No. _____

PLACE OF BIRTH

County Gila State Arizona
District or Township San Carlos Res. or Village _____
City Rice No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Louise Case { If child is not yet named, make supplemental report, as directed.

Sex of Child <u>F</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>5. No., in order of birth</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>9-4-1929</u> Month Day Year
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FATHER
Full name Louis Case
Residence
(Usual place of abode) Rice
If non-resident, give place and state.
Color or race
4 apache
11. Age at last birthday 40 (Years)

MOTHER
Full maiden name Gussie Dillon
15. Residence
(Usual place of abode) Rice
If non-resident, give place and state.
16. Color or race
4/4 apache
17. Age at last birthday 26 (Years)

Birthplace (city or place) Rice
(State or country) Ariz.

18. Birthplace (city or place) Rice
(State or country) Ariz.

Occupation Cowboy
Nature of Industry

19. Occupation housewife
Nature of Industry

Number of children of this mother. <u>2</u> (as of time of birth of child herein ified and including this child.)	(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>X</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>no</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ p. _____ m. on the date above stated.
(Born alive or stillborn)

When there was no attending physician
midwife, then the father, householder,
should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature V. R. Combe
(Physician or midwife).

1 name added from
supplemental report _____ Address Rice, Ariz.
Month, day, year

Registrar

Filed _____, 19____

Registrar

335-904-745